

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	17X	70891	10/23/01
O.I.P.E. CLASSIFIER		10	11-16-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		2503	1-6-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 5/1/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓ 8/1/01
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
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96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	
101	✓ 8/1/01
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
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111	✓
112	✓
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138	✓
139	✓
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142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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